

AFFIDAVIT OF INDIGENCE

This section to be filled out by Court Personnel

No. _____

The State of Texas

In the _____ Court

vs.

_____ County

Offense _____

Level of Offense _____

All information must be completed by the defendant and must be current, accurate, and true. Intentionally or knowingly giving false information may result in your prosecution for the offense of aggravated perjury, a felony. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000). Please fill in all blanks. If you do not know the information being asked, enter DO NOT KNOW in the blank. If the information being asked does not apply to you, enter N/A in the blank.



Defendant's Personal Information

Name

Phone Number

Street Address

City, State, Zip

Social Security #

Driver's License #

Date of Birth

Name of Spouse

Dependents:

Name(s) (list below):

Age

Relation

Income

Are you currently in jail or in a correctional institution?

No

Yes If yes, provide name of institution:

Are you currently residing in a mental health facility?

No

Yes If yes, provide name of facility:

Do you have an application pending at a mental health facility?

No

Yes If yes, provide name of facility

Employer Information

Employer

Phone Number

Supervisor's Name

Street Address:

City, State, Zip

Hours worked _____ per week or _____ per month

Pay rate

Spouse's Employer

Street Address:

City, State Zip

Hours worked _____ per week or _____ per month

Pay rate

If unemployed, list:

Length of time unemployed

Name of previous employer

Street Address of previous employer:

City, State, Zip

Defendant's Financial Information

Public Assistance Are you currently receiving (check all that apply)		Income (Monthly)	Monthly Amount
<input type="checkbox"/> Food Stamps		Take Home Pay	
<input type="checkbox"/> Medicaid		Spouse's Take Home Pay	
<input type="checkbox"/> Public housing		Investment Income	
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)		Stock Dividend	
<input type="checkbox"/> Supplemental Security Income (SSI)		Bond Dividend	
Expenses (Monthly)	Monthly Payment	Rental Income	
Rent or Mortgage Payment		Pension Payments	
Car Payment		Unemployment	
Insurance (Life, Health, Car, Homeowners, etc.)		Social Security Benefits	
Child Care		Child Support	
Child Support		Public Assistance	
Water		TANF	
Gas		SSI	
Telephone		Medicaid	
Electricity		Other	
Food		Cash Gifts	
Clothes		Other (Describe)	
Medical			
Cable TV or Satellite TV			
Pager			
Cell Phone			
Loan and Debt Payments			
Outstanding Loans (list type of Loans)			

**TOTAL GROSS
MONTHLY INCOME**

Model version 3, p. 2 of 4
Adopted 11/15/06 – Task Force on Indigent Defense

Credit Card Debt (list name of cards)

Balance:
\$ _____

Balance:
\$ _____

Other Monthly Expenditures (Describe)

TOTAL MONTHLY EXPENSES

Assets		Asset	Value
A. Place of Residence		___ Rent ___ Own Describe if house, condominium, apartment, other:	\$
B. Real Property Owned; Description/Location:			\$
C. Automobile(s)			\$
Make	Model	Year	\$
Make	Model	Year	\$
Make	Model	Year	\$
D. Stock and Bonds (provide description)			\$
			\$
			\$
E. Other Property (list all jewelry, equipment, watercrafts, etc.)			\$
			\$
			\$
F. Bank Accounts			
Bank Name	Type of Account	Balance	
			\$
			\$
			\$
			\$
G. Other Assets (Identify)		VALUE	\$
			\$
ASSETS TOTAL VALUE			\$

I have / have not (circle one) attempted to hire an attorney. The names of the attorneys I have contacted are as follows:

On this _____ day of _____, 20 ____, I have been advised by the (name of the court) Court of my right to representation by counsel in the trial of the charge pending against me. I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me. By signing my name below, I swear, that all of the above information about my financial condition is current, accurate, and true.

 Defendant's Signature

SUBSCRIBED and SWORN to before me, the undersigned authority, this ___ day of _____, 20__

 Clerk's Signature

This court finds the defendant is / is not indigent.

 Signature of Judge

VERIFICATION AGREEMENT

I do / do not (circle one) authorize the court to verify the financial information given to determine my eligibility by contacting my employer and/or other third parties who can confirm the information provided. I understand that if I do not authorize the court to contact the necessary parties, then I must provide verification of the information in a manner that is acceptable to the court or I will not have an attorney appointed.

Applicant's Signature

SUBSCRIBED and SWORN to before me, the undersigned authority, this ____ day of _____, 20__

Clerk's Signature

MY EMPLOYMENT INFORMATION:

JOB TITLE: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

SUPERVISOR'S NAME: _____

WORK PHONE: _____

HOURS OF WORK: _____

PAY RATE: _____

MY FINANCIAL INFORMATION:

NAME OF FINANCIAL INSTITUTION: _____

ACCOUNT NUMBER: _____

BALANCE: _____

SIGNATURE OF EMPLOYEE/PERSON SUBJECT TO FINANCIAL INFORMATION